

84288 FIXTURES, FURNITURE, EQUIPMENT, AND SUPPLIES
(Continued)**84288**

- (C) Auditory development.
- (D) Visual development.
- (E) Gross and fine motor development.
- (6) Are clean and safe for the children.

HANDBOOK BEGINS HERE

The Department recommends that the facility comply with the following U.S. Consumer Product Safety Commission advice for the selection and safe use of children's toys.

- (A) Avoid toys with small parts.
- (B) Look for labels that give age recommendations.
- (C) Choose toys suited to the skills, abilities and interests of the children.

HANDBOOK ENDS HERE

- (f) The licensee shall arrange furniture and equipment as follows:
 - (1) So that no exit is blocked.
 - (A) Placement of cribs, mats or cots, and beds shall not hinder entrance to or exit from the sleeping area.
 - (2) So that toilets, potty chairs, and handwashing sinks for children are near indoor and outdoor activity spaces.
 - (3) So there is a walkway and workspace between the sleeping furniture (cribs, mats or cots, and beds).
 - (A) Staff must be able to reach each child without having to step or reach over any other child.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1530.8, 1530, and 1596.846, Health and Safety Code; and Section 11467.1, Welfare and Institutions Code.

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SUBCHAPTER 3. EMERGENCY INTERVENTION IN GROUP HOMES**Article 1. GENERAL REQUIREMENTS****84300 GENERAL PROVISIONS****84300**

- (a) Group homes, as defined in Section 80001g.(1) and 84001g.(1), which utilize or it is reasonably foreseeable that they will utilize, emergency interventions to prevent a child who exhibits assaultive behavior from injuring or endangering himself, herself or others, shall be governed by the provisions of this Article in addition to Chapter 1, General Licensing Requirements and Chapter 5, Group Homes, which prohibit the use of restraint.
- (b) Group home staff may be justified/excused in using emergency interventions which include restraint if:
 - (1) The restraint is reasonably applied to prevent a child exhibiting assaultive behavior from exposure to immediate injury or danger to himself, herself or others; and
 - (2) The force used does not exceed that reasonably necessary to avert the injury or danger; and
 - (3) The danger of the force applied does not exceed the danger being averted; and
 - (4) The duration of the restraint ceases as soon as the danger of harm has been averted.
- (c) The licensee must use a continuum of interventions, starting with the least restrictive intervention. More restrictive interventions may be justified when less restrictive techniques have been attempted and were not effective and the child continues to present an imminent danger for injuring or endangering himself, herself or others.
- (d) An emergency intervention plan as specified in Section 84322, is required for all group homes, and must be submitted to, and approved by the Department prior to use by the group home.
 - (1) The Department shall review and approve the emergency intervention plan as specified in Sections 84322(l) and 84322 (l)(1).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1522.41(c)(1)(I) and 1531, 1563(c)(4), Health and Safety Code.

84300.1 EMERGENCY INTERVENTION PROHIBITION**84300.1**

- (a) The following emergency interventions techniques must not be used on a child at any time.
- (1) Mechanical Restraints, except postural supports as specified in Section 80072(a)(8).
 - (2) Aversive behavior modification interventions including, but not limited to, body shaking, water spray, slapping, pinching, ammonia vapors, sensory deprivation and electric shock.
 - (3) Intentionally producing pain to limit the child's movement, including but not limited to, arm twisting, finger bending, joint extensions and headlocks.
 - (4) Methods of restricting a child's breathing or circulation.
 - (5) Corporal Punishment.
 - (6) Placing blankets, pillows, clothing or other items over the child's head or face; body wraps with sheets or blankets.
 - (A) Pillows or padding, placed under the head of a thrashing child to prevent injury are permitted.
 - (7) The use of psychotherapeutic or behavior modifying drugs as punishment or for the convenience of facility personnel to control a child who is exhibiting assaultive behavior.
 - (8) Techniques that can reasonably be expected to cause serious injuries to the child that require medical treatment provided by a health practitioner, licensed under Division 2 of the Business and Professions Code. A health practitioner would include a physician, surgeon, osteopath, dentist, licensed nurse, optometrist, etc.
 - (9) Verbal abuse or physical threats by facility personnel.
 - (10) The isolation of a child in a room which is locked by means of: key lock; deadbolt; security chain; flush, edge or surface bolt; or similar hardware which is inoperable by the child inside the room.
 - (11) Manual restraints for more than 15 consecutive minutes in a 24-hour period, unless as specified in Section 84322.
 - (12) Manual restraints for more than four (4) cumulative hours in a 24-hour period.

84300.1 EMERGENCY INTERVENTION PROHIBITION
(Continued)**84300.1**

- (b) In addition to techniques specified in Section 84300.1(a), any emergency intervention technique not approved for use as part of the licensee's emergency intervention plan must not be used at any time.
- (c) Manual restraints must never be used for the following purposes:
 - (1) Punishment or discipline.
 - (2) Replacement for on-duty child care staff.
 - (3) Convenience of facility personnel.
 - (4) As a substitute for, or as part of a treatment program.
 - (5) As a substitute for, or as part of a behavior modification program.
 - (6) Harassment or humiliation.
 - (7) To prevent a child from leaving the facility, except as specified in Section 84322.2.
- (d) Manual restraints must not be used when a child's medical assessment, as specified in Section 80069, documents that he or she has a medical condition that would contraindicate the use of manual restraints; and when the child's current condition contraindicates the use of manual restraints.
- (e) Law enforcement must not be contacted as a substitute for effective care and supervision or the facility's approved continuum of emergency interventions.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, and 1531, Health and Safety Code.

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Article 3. APPLICATION PROCEDURES**84322 EMERGENCY INTERVENTION PLAN****84322**

- (a) The emergency intervention plan is to be designed and approved, in conjunction with the licensee, by an individual with the qualifications of a behavior management consultant as defined in Section 84001(b)(1).
 - (1) The plan must be appropriate for the client population served by the group home;
 - (2) The plan must be appropriate for the staff qualifications and staff emergency intervention training.
- (b) The emergency intervention plan is to be included in the group home program statement.
- (c) In addition to Sections 80022 and 84022, the written emergency intervention plan must be submitted to, and approved by the Department prior to implementation. The plan must include the requirements specified in Sections 84322(d) through (h).
- (d) General Provisions:
 - (1) Name(s) of facility personnel trained to use emergency interventions.
 - (2) A description of the continuum of emergency interventions, commencing with early interventions, specifying the emergency intervention techniques to be utilized. For each type of emergency intervention, the plan must include the following:
 - (A) A description of each emergency intervention technique to be used.
 - (B) Maximum time limits for each emergency intervention technique, not to exceed maximum time limits as specified in Sections 84322(f) 1 and 84300(b).
 - (C) In what situations each emergency intervention technique is not to be used.
 - (D) Expected outcome, benefits to the child.
 - (3) A statement specifying what emergency interventions will never be used.
 - (4) A description of the circumstances and the types of behaviors that may require the use of emergency intervention.
 - (5) Procedures for using age and size appropriate emergency intervention techniques.

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84322 EMERGENCY INTERVENTION PLAN
(Continued)**84322**

- (6) Procedures for using emergency interventions if more than one child requires the use of emergency intervention at the same time.
 - (7) Procedures for ensuring care and supervision is maintained in the facility when all available facility personnel are required for the use of emergency interventions.
 - (8) Procedures for re-integrating the child back into the facility routine after an emergency intervention technique has been used.
 - (9) Criteria for assessing when an emergency intervention plan needs to be modified or terminated.
 - (10) Criteria for assessing when the facility does not have adequate resources to meet the needs of a specific child.
- (e) The manual restraint plan is to be included as a component of the emergency intervention plan. If the facility will not use manual restraints, the plan must include the following:
- (1) Procedures for responding to a crisis situation to prevent a child who is exhibiting assaultive behavior from injuring or endangering himself, herself or others.
 - (A) The external community resources to be used to assist facility personnel must be identified and listed in the plan.
 - (B) The facility's policies and procedures concerning when and how to involve law enforcement in response to an incident involving a child residing in the facility must be included in the plan.
 - (C) Nothing in Section 84322(e)(1)(A) or (B) shall be interpreted to require a licensee to take any action that would endanger, or to prevent a licensee from taking any action that would protect, the health and safety of children in care, staff, or others.
- (f) The manual restraint plan is to be included as a component of the emergency intervention plan. If the facility will use, or it is reasonably foreseeable that the facility will use, manual restraints, the plan must include the following:
- (1) Procedures for ensuring a child's safety when a manual restraint is being used including, but not limited to, the titles of facility personnel responsible for checking the child's breathing and circulation.
 - (A) Procedures for determining when a medical examination is needed during a manual restraint, as specified in Section 84369.

84322 EMERGENCY INTERVENTION PLAN
(Continued)**84322**

- (2) Procedures for ensuring that: (a) the amount of time a child is restrained is limited to the amount of time when the child is presenting an immediate danger to himself/herself or others; (b) restraints will not cause injury to the child. Such procedures must include provisions that ensure the following:
- (A) A child does not remain in a manual restraint for more than 15 consecutive minutes, unless written approval to continue the restraint after the initial 15 minutes is obtained from the administrator or administrator's designee.
1. The individual who approves the continuation of restraint must be a person other than the individual who restrained the child.
 2. The individual who visually checks the child after 15 minutes to ensure the child is not injured and that the child's personal needs, such as access to toilet facilities, are being met, must be a person other than the individual restraining the child.
 3. After the initial 15 minutes, the individual who approves the continuation of the manual restraint observes the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified.
 4. Written approval to continue a manual restraint beyond 15 consecutive minutes must be documented in the child's record.
- (B) A child does not remain in a manual restraint for more than 30 consecutive minutes in a 24-hour period unless the child is still presenting a danger to himself, herself or others and written approval to continue the restraint after the initial 30 minutes is obtained from the administrator or administrator's designee and the facility social work staff. If facility social work staff are not onsite to provide written approval, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval.
1. The individual who approves the continuation of the restraint must be a person other than the individual who restrained the child.
 2. The child is visually checked after the initial 30 minutes, by persons other than the individuals who restrained the child, to ensure the child is not injured and that the child's personal needs, such as access to toilet facilities, are being met.
 3. After the initial 30 minutes, the individuals who approve the continuation of the restraint observe the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified.

84322 EMERGENCY INTERVENTION PLAN
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4. Written approval to continue the use of the manual restraint must be documented in the child's record.
- (C) After the initial 30 minutes, a child placed in a manual restraint must be visually checked every 15 minutes until the manual restraint is terminated, to ensure the child is not injured, that personal needs are being met, and that the continued use of the manual restraint is justified.
1. This visual check must be documented in the child's record.
 2. The person conducting the check must not be the individual who restrained the child.
- (D) After the initial 30 minutes, and at 30 minute intervals, if the child is still presenting a danger to himself, herself or others, the administrator or administrator's designee and facility social work staff must evaluate whether the facility has adequate resources to meet the child's needs.
- (E) Manual restraints used in excess of 60 consecutive minutes must be approved, every 30 minutes, in writing by the administrator or administrator's designee, facility social work staff and the child's authorized representative. If the child's authorized representative is not available to provide written approval, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval. The continued use of a manual restraint shall be documented in the child's record.
- (F) Within 48 hours of a manual restraint of 60 cumulative minutes or longer, in a 24-hour period, the child's needs and services plan must be reviewed by the facility administrator or administrator's designee, facility social work staff and the child's authorized representative, and modified as needed.
- (G) Manual restraints must not exceed four (4) cumulative hours in a 24-hour period.
1. If a child continues to present an immediate danger of injuring or endangering himself, herself or others, the facility must inform the child's authorized representative; and contact community emergency services to determine whether or not the child should be removed from the facility.

84322 EMERGENCY INTERVENTION PLAN
(Continued)**84322**

- (H) If a manual restraint exceeds two (2) hours, at regular intervals not exceeding two (2) hours, the child must be allowed to access liquids, meals and toileting and range of motion exercises.
- (I) Staff must make provisions for responding promptly and appropriately to a child's request for services and assistance and repositioning the child when appropriate.
- (3) Procedures for documenting each use of manual restraints in the child's record.
- (4) Procedures for reviewing each use of manual restraints with the child and authorized representative or parent.
- (5) Procedures for accessing community emergency services, including, but not limited to, law enforcement, if the use of emergency interventions is not effective or appropriate.
 - (A) The facility's policies and procedures concerning when and how to involve law enforcement in response to an incident at the facility must be included in the plan.
 - (B) Nothing in Section 84322(f)(5)(A) shall be interpreted to require a licensee to take any action that would endanger, or to prevent a licensee from taking any action that would protect, the health and safety of children in care, staff, or others.
- (6) Procedures for requiring a licensed professional, as defined in Section 80001(l)(2), to approve the initiation and continued use of manual restraints, if the licensee chooses to require this authorization.
- (g) The Emergency Intervention Staff Training Plan is to be included as a component of the emergency intervention plan. The plan must include the following:
 - (1) The type, title, and a brief description of the training that all facility personnel have completed.
 - (2) Training requirements for new personnel.
 - (3) The ongoing training required for existing personnel.
 - (4) Training curriculum as specified in Section 84365(b).
 - (5) Training schedule which identifies when staff training will be offered and provided.
 - (6) The name(s) and qualification(s) of the instructor(s) who will provide the training.

84322 EMERGENCY INTERVENTION PLAN
(Continued)**84322**

- (h) Procedures for an internal biannual review of the use of emergency interventions must be developed. Such procedures must include at least the following:
- (1) A review is to be conducted by the administrator or the administrator's designee.
 - (2) Analysis of patterns/trends of use of emergency interventions in the previous six (6) month period, based on:
 - (A) Review of all records related to the use of emergency interventions for accuracy and completeness.
 - (B) Review of the use, effectiveness and duration of each emergency intervention including, a determination of the effectiveness and appropriateness of the intervention technique used in each situation.
 - (C) Review of the frequency of emergency interventions in the previous six (6) month period.
 - (3) Corrective action plan, if needed.
 - (4) The biannual review and corrective action plan must be submitted to the Department no later than the fifth (5th) day of the month following the review.
 - (5) The licensee shall provide a copy of the biannual review and corrective action plan, if applicable, to the authorized representative upon request.
- (i) In addition to the requirements in Section 80068, the admission agreement must include a written statement regarding the type(s) of emergency interventions the licensee has been approved to use.
- (1) The facility's policy regarding the use of emergency intervention must be reviewed with the child and the authorized representative at the time of admission.
 - (A) The licensee shall provide a copy of the approved emergency intervention plan to the authorized representative, upon request.
- (j) Only trained facility personnel as specified in Section 84365 will be allowed to use emergency interventions on children.

84322 EMERGENCY INTERVENTION PLAN
(Continued)**84322**

- (k) Prior to using the emergency intervention plan, the licensee's Board of Directors must approve the plan, and any subsequent amendments. The approval must be documented in the minutes of the Board of Directors meeting. Each board member must receive a copy of the plan prior to its use and any modifications to it.
- (l) The Department must review the emergency intervention plan, including any amendments, and notify the licensee within 30 days of the receipt of the plan, whether the plan has been approved or denied or if additional information is needed.
 - (1) If the plan is disapproved, the licensee may appeal the decision using the procedures specified in Section 80040(d).
- (m) If the Department determines that the licensee has not complied with the emergency intervention plan requirements as specified in Sections 84322(a) through (k), the licensee must discontinue the use of emergency interventions immediately upon written notice of deficiency by the Department.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

84322.1 PROTECTIVE SEPARATION ROOM**84322.1**

- (a) In addition to Section 84322, any licensee with an approved emergency intervention plan which includes the use of a protective separation room, must comply with the following requirements:
 - (1) No protective separation room may be used for another purpose, e.g. bedroom, bathroom, storage.
 - (2) No protective separation room may be used without a fire clearance from the local fire authority.
 - (A) The request for the fire clearance must be made through and maintained by the Department.
 - (3) No protective separation room may be used without prior inspection and approval by the Department.

84322.1 PROTECTIVE SEPARATION ROOM**84322.1**

(Continued)

- (4) Protective separation rooms must be safe and free of hazards such as objects or fixtures which can be broken or used by a child to inflict injury to himself, herself or others.
- (5) Procedures regarding the use of the protective separation room must be included in the manual restraint plan component of the emergency intervention plan. These procedures must include the following to ensure a child's safety when placed in a protective separation room:
 - (A) Facility personnel must maintain direct visual contact with the child at all times, and be free from other responsibilities, to ensure the child's safety while in the room.
 - 1. Facility personnel must remain in the room, when necessary, to prevent injury to the child.
 - (B) Facility personnel must ensure that there are no objects in the child's possession that could be used to inflict injury to himself/herself or others while in the protective separation room.
 - (C) No more than one child shall be placed in the protective separation room at any one time.
 - (D) Physical abuse, corporal punishment, threats or prohibited restraints may not be used as a method for placing a child in the protective separation room.
- (6) In addition to Section 84322(i), facility social work personnel and the child's authorized representative must indicate, in writing, in the child's needs and services plan if the child may be placed in the protective separation room.
- (7) A child placed in a protective separation room may not be deprived of eating, sleeping, toileting or other basic daily living functions.
- (8) Exiting from a protective separation room may not be prevented by the use of locking or jamming devices.
 - (A) The door may be held shut in a manner that allows for immediate release upon removal of a staff member's foot, hand, and/or body.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

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84322.2 RUNAWAY PLAN**84322.2**

- (a) The licensee must develop and maintain a written runaway plan that describes how the facility will respond to the following:
 - (1) Runaway child(ren).
 - (2) Child(ren) outside of the facility property without permission, but within view of the facility personnel.
- (b) The runaway plan must be appropriate for the age, size, emotional, behavioral and developmental level of the child(ren).
- (c) The runaway plan must include the following:
 - (1) Time frames for determining when a child is absent without permission.
 - (2) Continuum of interventions.
 - (3) Actions taken by facility personnel to locate the child.
 - (4) Staff training plan, to include non-physical interventions, strategies to de-escalate a situation.
 - (5) Plan to include the involvement of law enforcement, when appropriate, consistent with the policies and procedures specified in Section 84322(e)(1)(B) or Section 84322(f)(5)(A).
 - (6) Plan to notify the child's authorized representative.
- (d) The runaway plan must be included in the group home program statement.
- (e) The runaway plan described in Section 84322.2(a), must be provided to, and discussed with each child and their authorized representative at the time of admission.
 - (1) If during the discussion, it is determined that the child has a history of running away from placement, then the following must occur:
 - (A) The facility social work personnel and the child's authorized representative must develop an individualized plan for that particular child.
 - (B) The individualized plan must be included in the child's needs and services plan.
- (f) Manual restraints must only be used if the facility has an approved manual restraint plan, in accordance with Section 84322.

84322.2 RUNAWAY PLAN (Continued)**84322.2**

- (g) The licensee is prohibited from preventing a child from leaving the facility by locking the child in a room or any part of the facility.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

Article 6. CONTINUING REQUIREMENTS**84361 DOCUMENTATION AND REPORTING REQUIREMENTS****84361**

- (a) Each use of manual restraints must be reported to the Department and the child's authorized representative by telephone no later than the next working day following the incident. A written incident report must be submitted to the Department within seven (7) days, as required in Section 80061.
 - (1) If a child is restrained more than once in a 24-hour period, each use of manual restraints must be reported.
- (b) Any report of the use of manual restraints must be reviewed, for accuracy and completeness, and signed by the administrator or administrator's designee no later than the next working day following the incident.
- (c) A copy of the written incident report must be maintained in the child's record.
- (d) The information required in Section 84361(a), must be documented immediately following the use of manual restraints or no later than the end of the working shift of the staff member(s) who participated in the manual restraint.
- (e) The child's record must be available for review by the Department, as required in Section 80070.
- (f) The licensee must maintain a monthly log of each use of manual restraints. The log must include:
 - (1) Name of each child.
 - (2) Date and time of the intervention.
 - (3) Duration of the intervention.
 - (4) Name(s) of facility staff member(s) who participated in the manual restraint.
 - (5) Description of the intervention and type used.
 - (6) Result of licensee review.
- (g) The monthly log must be available for review, and subject to reproduction by the Department upon request during normal business hours.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

84365 EMERGENCY INTERVENTION STAFF TRAINING**84365**

- (a) No facility personnel must use emergency intervention techniques on a child unless the training instructor has certified in writing that the facility personnel have successfully completed the emergency intervention training required in Section 84365(b).
 - (1) All new and existing facility personnel who use or participate in emergency interventions, as well as the facility administrator and the administrator's designee must complete the training.
- (b) The emergency intervention training curriculum must address the following areas:
 - (1) Techniques of group and individual behavior management, including, but not limited to, crisis prevention, precipitating factors leading to assaultive behavior and crisis intervention.
 - (2) Methods of de-escalating volatile situations, including non-physical intervention techniques such as crisis communication, evasive techniques, alternative behavior.
 - (3) Alternative methods of handling aggressive and assaultive behavior.
 - (4) If the licensee chooses to use manual restraints, the physical techniques of applying manual restraints in a safe and effective manner ranging from the least to most restrictive type(s) of restraints including, but not limited to, escorting, wall restraint, and prone containment.
 - (5) Techniques for returning the child to the planned activity following completion of the emergency intervention.
 - (6) The training must include a written and hands-on competency test as part of the training program.
 - (7) The facility's policies and procedures concerning when and how to involve law enforcement in response to an incident involving a child residing in the facility.
- (c) The training must be provided by an individual who holds a valid instructor certificate from a program of managing assaultive behavior, that is consistent with the regulations.
- (d) The licensee must maintain a written record of the facility staff training.
 - (1) Documentation of training received must be maintained in the personnel record for each staff member and must include:
 - (A) Dates, hours, and description of the training completed.
 - (B) Name and training certificate of the instructor who provided the training.

84365 EMERGENCY INTERVENTION STAFF TRAINING
(Continued)**84365**

- (C) Certification from the instructor that the staff member has successfully completed the competency test.
- (2) The staff training record must be made available for review by the Department upon request.
- (e) Facility personnel must receive on-going training to maintain certification.
- (f) When an inappropriate manual restraint technique is used during an emergency intervention, the licensee must develop a corrective action plan, and as part of the plan may require facility personnel to repeat the appropriate emergency intervention training.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1531, and 1562, Health and Safety Code.

84365.5 STAFFING REQUIREMENTS**84365.5**

- (a) The administrator or administrator's designee must oversee the emergency intervention program.
- (b) All facility personnel who will use emergency interventions, must be trained in the appropriate emergency intervention techniques approved to be used by the licensee.
- (c) A minimum of two (2) trained facility personnel must be available and responsible for using each manual restraint if the restraint technique requires the use of two people.
- (d) Additional facility personnel must be available to supervise the other children in placement when the trained facility personnel are required to use manual restraints as specified in Section 84322(d)(7).

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1531, and 1562, Health and Safety Code.

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84368.3 REVIEW OF MANUAL RESTRAINT USE**84368.3**

- (a) The administrator or administrator's designee must discuss the use of the manual restraints with the facility personnel involved no later than the next working day following the incident.
- (b) The administrator or administrator's designee must determine whether the emergency intervention action taken by the staff member(s) was consistent with the emergency intervention plan, and document the findings in the child's record and facility monthly log as specified in Section 84361. The manual restraint review must evaluate the following:
 - (1) Did the staff member(s) attempt to de-escalate the situation. What interventions were utilized. Did the staff member(s) attempt at least two non-physical interventions.
 - (A) If the use of any de-escalation technique causes an escalation of the child's behavior, the use of the technique must be evaluated for its effectiveness. De-escalation techniques which are ineffective or counter-productive must not be used.
 - (2) Were manual restraints utilized only after less restrictive techniques were utilized and proven to be unsuccessful.
 - (3) Was the child restrained for the minimum amount of time, limited to when the child is presenting an immediate danger to himself/herself or others.
- (c) The administrator or administrator's designee, the child's authorized representative or parent and facility social work staff must assess whether it is necessary to amend the child's needs and services plan.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

84369 MEDICAL EXAMINATION**84369**

- (a) The administrator or the social work staff shall be responsible for obtaining a physical examination during or after an incidence of emergency intervention when it is determined that:
 - (1) There is physical injury to a child, or
 - (2) There is a suspected injury to a child.
- (b) The administrator or the social work supervisor must see and talk with the child before a determination can be made.
- (c) If no physical examination is necessary, this decision must be documented in the child's record.
- (d) Any post emergency intervention injury or suspected injury observed by facility personnel, or any complaint of injury reported to facility personnel must be reported immediately to the administrator or social work staff.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507 and 1531, Health and Safety Code.